



CITY OF YORK WATER ADJUSTMENT

CITY OF YORK : 10 N. Roosevelt St.:PO Box 500: YORK SC 29745 P:(803)684-2341 : WWW.YORKSC.GOV

TODAY'S DATE: _____ ACCOUNT# _____

CUSTOMER NAME:(Please Print) _____

SERVICE ADDRESS: _____

CONTACT PHONE # _____

(NAME) HAD A LEAK AT _____
(ADDRESS)

DUE TO _____
(DESCRIBE ISSUE)

LEAK HAS BEEN REPAIRED BY _____ (DATE) _____

1st		2nd	
(CHECK)	(DATE)	(CHECK)	(DATE)

REPAIR ADJUSTMENT REQUEST FOR THIS YEAR _____
(CALENDAR YEAR)

ADJUSTMENT POLICY: *The City shall have the authority to adjust the customer's billing per Code Section 44-52. Upon proof of repair by a licensed plumber, a six (6) month usage is computed for an average to adjust the sewer billinb. The customer is responsible for all water usage. A copy of this ordinance is available upon request.*

CUSTOMER SIGNATURE _____